

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

TRUE. CORRECT AND COMPLETE.
Signature on File

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORM	TATION		
1. Full name of committee (as on Statement of Organization)			
KE-ELECT KENTON C. LARD AS HAMILY	on Cov	NTY SURVEYO	2
2. Acronym or abbreviated name, if any		elephone number	
		1773-835	57
,	ck if this is a new	address	
107 Waterman Dzive			
5. City, state, ZIP code	6. Party affiliation	on (if applicable)	
NOBLESVILLE IN 46060		PUBLICAN	
· CANDIDATE INFORMATION (For Candi	The second second second		
7. Full name of carididate (include any nickname)		n or if independent	
KENTON (. (KENT) WARD		PUBLICAN	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of re		
COUNTY SURVEYOR	1400	micron	
TYPE OF REPORT		SERVICE SERVICE SERVICES SERVI	N CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and	20	Check one:	
	20 must be '0')	Pre-Convention  Post-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)	-	COLUMN A	
12. Reporting period:  From: JAN 1 62 Through: DEZ 31	02	This Period	COLUMN B Year to Date
From: JA. 1 6 2 Through: Sez 31  13. Cash on hand and investments at the beginning of this reporting period.	02	3056.05	Tell to blice
14. Cash on hand and investments January 1, current year.		30.30,05	3056.05
CONTRIBUTIONS AND RECEIPTS			3036,03
(Note: these amounts include in-kind contributions and loans, as well as cash contrib	urtions )		
15a. Itemized (use Schedule A)	duoris.)	-D-	-0-
15b. Uniternized		-0-	-0-
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	-0-	-0-
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3056.05	3054.05
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		2-20	2-0"
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	-	200 00	200=
17b. Unitemized	_	80=	80=
17c. Add lines 17a and 17b in both columns	SUBTOTAL	Z80º	280 =
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both colur	nns) TOTAL	277605	277605
19. Debts OWED BY the committee (use Schedule D)	,	-0-	
		-0-	
20. Debts OWED TO the committee (use Schedule E)			
CERTIFICATION			OFFICE USE ONLY

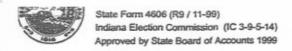
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

FOR OFFICE USE ONLY

FILED
2003 JA 13 AM 9: 26

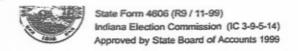


# CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
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Page	of	.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVE
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest  Loan Misc (specify)			
Contributor's Occupation (if required)		-		
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  ☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (if required)				
š	Contributions:  Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)				
L.	Contributions:  Direct In-Kind (describe)			
:ontributor's Occupation (if required)	Other Receipts:  Interest I Loan Misc (specify)			
ontributor's Occupation (il requireo)		-		
	Contributions:  Direct In-Kind (describe)			
ontributor's Occupation (if required)	Other Receipts:			
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TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM 15a of the Summ.	E A ON THE LAST PAGE ONLY	-0-		

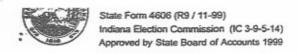


## CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly
IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse
side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary
Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST
be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan
proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income)
OVER \$100 per contributor, within a calendar year, MUST be iternized on this schedule (over \$200 if regular
party committee).

FILE NUMBER				
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  ☐ Interest ☐ Loan ☐ Misc (specify)			
2	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest □Loan  Misc (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest □Loan  Misc (specify)			
L.	Contributions:  Direct In-Kind (describe)			100
	Other Receipts:			
•	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  ☐ Interest ☐ Loan ☐ Misc (specify)			
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#### CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest I Loan Misc (specify)			
2	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest I Loan  Misc (specify)	,		***************************************
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:	tionphase enter state on the papers		
4	Contributions: Direct In-Kind (describe)			-
	Other Receipts:			The state of the s
	Contributions:  Direct In-Kind (describe)		,	
	Other Receipts:  Interest ILoan  Misc (specify)			
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#### OF A POLITICAL COMMITTEE

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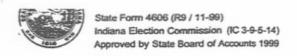
# CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	_

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEI
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest DLoan Misc (specify)			
2	Contributions:  Direct In-Kind (describe)			-
	Other Receipts:  Interest □Loan  Misc (specify)			
3.	Contributions:  Direct In-Kind (describe)		and a second sec	
	Other Receipts:  Interest Loan  Misc (specify)			
4.	Contributions:  Direct In-Kind (describe)			,
	Other Receipts:			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:			
SIID TOTAL	THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST DACE ONLY			
(Enter total on ITEM 15a of the Summa	ry Sheeft	-0-		



## CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest I Loan Misc (specify)			
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest  Loan  Misc (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:			The Total Additional in the Addition of the Additional in the Addi
<u>.</u>	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest □Loan □Misc (specify)			
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#### itemizea Expenditures

FILE NUMBER					
Page	of				

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM
17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and
other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200,
if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political
committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees)
MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
BOYS ÉGIELS CLUB GONNEZ STEURT NOBLESVILLE, IN 4606		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200-	Z00°±	7/2/02
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	-		
	SUB TOTAL THIS PAGES OF SCHEDULE B OF		\$ \$ 200°		



### ITEMIZED EXPENDITURE

For Public Questions

	FILE NUMBER	
Page	of	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	P	PUBLIC QUESTION INFORMATION			
Type of Question: Statewide Loc Position: Supported Opposed	al				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITU
	Direct				
	☐ In-Kind				
	□ Direct	20			
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	Direct			and the second period of the second period p	
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### **Debts Owed by This Committe**

INSTRUCTIONS: Please type or print legibly IN BLACK INIK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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Page		of	

CREDITOR'S OR LENDER'S NAME  & MAILING ADDRESS  (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any (street, number, city, state, ZIP code)		DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LENDERS OCCUPATION:					
LENDERS OCCUPATION:					
. *					
LENDERS OCCUPATION:					
(*)					
LENDERS OCCLIPATION:					-
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## OF A POLITICAL COMMITTEE State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### **DEBTS OWED TO THIS COMMITTEE**

	FILE	NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing
this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the
committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS( if any) (street, number, day state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	BALANCE TH
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		SUB TOTAL TI	HIS PAGE OF SO	CHEDULE E	\$
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